



Iowa Department of Human Services

Iowa Medicaid Enterprise

Iowa Medicaid Managed Care
Programs
2012

Managed Health Care

Under Iowa Code 441-88.1 (249A) Definition

“Managed health care” shall mean any one of the alternative deliveries of regular fee-for-service

Medicaid such as defined in subrules dealing with health maintenance organizations (HMOs), prepaid health plans (PHPs), or Medicaid Patient Access to Service System (MediPASS).

Discussion Topics:

- MediPASS
- HMO-Meridian
- Lock-in
- Disease Management
- Health Homes
- Iowa Care
- Electronic Health Records (EHR)
- Health Information Technology (HIT)
- PACE

MediPASS

- Medi=Medicaid
- P=Patient
- A=Access to
- S=Service
- S=System



MediPASS Background

- Developed by DHS with support from Iowa Medical Society and Iowa Osteopathic Medical Association
- Iowa Legislature Mandated
- Program began in 1990

MediPASS Goals:

- Enhance quality and continuity of care
- Ensure appropriate access to care
- Educate members to access medical care from the most appropriate point



Who Can be a MediPASS Provider?

- Medical Doctor-MD
- Doctor of Osteopathy-DO
- Nurse Practitioner-NP
- Nurse Midwife-CNM
- Federally Qualified Healthcare Center-FQHC
- Rural Health Clinic-RHC

Responsibilities of a Patient Manager (PM)

- Provide Primary Care
- Give referrals when needed
 - Treat patient or give referral for treatment to another provider
 - Supply a 24-hour access phone number for other providers to obtain referrals when necessary
- Coordinate and monitor care
- Serve as advocate for member

24-hour Access

- A Patient Manager (PM) serves as the sole point of access into the healthcare system for MediPASS members
- A single 24-hour access phone number must be established for scheduling appointments, accessing information, and for use by members when the office is closed
 - This access phone number is to provide instruction to or for members 24 hours a day.

Services Exempt from Referral

- Emergent Services
www.ime.state.ia.us/docs/EmergencyDiagnosisCodes.xls
- Dental services
- Prescription drugs
- Chiropractic services
- Family Planning Services-ie: exam and birth control
- Optometry services
- Home and Community Based Services (HCBS)
- Early Periodic Screening Diagnosis and Treatment(EPSDT) for children under age 21

Member Participation

- Any Medicaid member who is eligible for full Medicaid receive medical assistance under Temporary Assistance for Needy Families-TANF

Must choose one of the below:

A Patient Manager(PM) under
the MediPASS program

Or

HMO (Meridian)-if available in their county

MediPASS Member Enrollment

- Members are enrolled in Managed Health Care (MHC) as they become eligible for Medicaid
- Members are notified that they must choose a MHC PM
- If a member fails to choose a Patient Manager; one will be assigned to them
- Members may choose to change their PM during open enrollment
- Members may change the PM during closed enrollment by calling Member Services and giving a “good cause” reason.

Example Letter to Member

Iowa Department of Human Services
NOTICE OF DECISION: Managed Health Care
READ THIS LETTER CAREFULLY !!!

Notice Date: 10/17/08

County Number: 02 ADAMS
Worker #: CMA7
Case Number: 123400000

JOHN MEMBER
1234 MAIN ST
DES MOINES, IA 50025

You live in a county where managed health care is required. Please read the enclosed "Your Choice" booklet. It will tell you how Managed Health Care affects your medical coverage.

The following Managed Health Care option(s) are available in your county: MediPASS or HMO.

If you want the provider listed below as your Managed Health Care Provider you DO NOT HAVE TO DO ANYTHING.

If you do not want the provider listed below you can find out if your provider is available as a managed health care provider or request a listing of participating providers by calling the Member Services Call Center at 1-800-338-8366 or 515-725-1003 in the Des Moines area between 8:00 am and 5:00 pm Monday through Friday.

If you do not want the provider listed below you must choose a managed health care provider for the person(s) listed below by 11/18/08. If you are pregnant and choose an HMO, your baby will also be enrolled in the same HMO at the time of birth.

You may let us know of your choice by mailing the enclosed enrollment form or by calling the Member Services Call Center at 1-800-338-8366 or 515-725-1003 in the Des Moines area. If your choice does not arrive at the Member Services Call Center by 11/18/08, the provider(s) listed below will be your Managed Health Care provider effective for December.

You may change your managed health care provider for any reason within 90 days of this letter. After that you will be required to stay with the same provider (either a MediPASS provider or an HMO if available) for a minimum of six months.

For information on your right to disenroll for a good cause, please refer to your "Your Choice" booklet or call the Member Services Call Center.

EM 8-M Enrollment
IAC 441-88.3, 88.23, 88.46

Provider Name : Provider of Service
Provider Address : 1313 Mockingbird lane
CORNING, IA 50841
Provider telephone : 641-555-3622

Person ID Number	Member Name
1234567M	JANE MEMBER

Member Enrollment Form

Iowa Department of Human Services

Iowa Medicaid Managed Health Care Enrollment Form

You may use this form to enroll with the Managed Health Care (MHC) program. If you have any questions about how to complete this form or your enrollment options, call 1-800-338-8366 or (515) 256-4606 in the Des Moines area Monday through Friday from 8:00 am to 5:00 pm. To complete this form, follow the instructions listed below:

1. List the name and Person ID number for each person you wish to enroll. The Person ID Number is listed on the Notice of Decision you received in this packet.
2. Please review the list of MediPASS doctors provided with this packet. Choose a Doctor/Clinic for each person and fill in the form below with the name and address in the middle section of the table below. Also tell us the county your Doctor/Clinic is in using the far right section of the table below. After you complete the form, sign your name on the bottom line.
3. Fold the form so that the **BUSINESS REPLY MAIL** shows on the outside. Wet along the side of the form to seal. You do not need a stamp to mail this form.

The County You Live In _____

Today's Date _____

			<i>Your Choice of MediPASS Doctor/Clinic:</i>		<i>County the Doctor/Clinic is in:</i>
Print the Name of Each Person to Enroll	Birth Date	Person ID Number	Doctor/Clinic Name	Address	County

Reason for changing provider _____

Your address (Street, City and Zip Code)

Your Phone

Sign Here

Enrollment Effective Dates

- MHC enrollment and changes are always effective on the first day of a month
- Enrollments made prior to the “Cut off” date are effective the next month
- Enrollments made after the “Cut off” date are effective the month after

* The Patient Manager that currently shows on the patients card must treat and/ or refer the member until the transfer is complete.

Provider request the PM be changed

- Fax in a request to 515-725-1155
 - Indicate NPI# and name of PM
 - List members by name and State Identification Number (SID#)Or
- Email in a request to imeproviderservices@dhs.state.ia.us
 - Provide the same information as aboveOr
- Call Provider Services at 1-800-338-7909 or 515-256-4609 (Des Moines) area only

Dis-enrolling a member

- A member may be dis-enrolled for a “good cause”
 - Failure of member to follow treatment plan(s)
 - Repeated failure to keep appointments
 - Abusive behavior towards provider or staff
 - Drug Seeking Behavior
 - Seeking unauthorized care from others
- Fill out form 470-2169 and fax to 515.725.1155
- The member is sent a letter and given 5 business days to respond.

Dis-enrollment Form

Once a member has been dis-enrolled by a provider; they are not able to be reassigned to that provider in the future without permission from the patient manager

Iowa Department of Human Services

Provider Request for Member Disenrollment

Provider: Please fill out the following sections completely. Fill out a separate form for each household. After a request for disenrollment is submitted, the member is contacted and allowed five days to respond. If the member does not make another selection and your request is approved, the disenrollment is processed. You must continue to provide care to the member or refer the member for care until the disenrollment is effective and another provider's name appears on the member's pink card.

General Disenrollment Guidelines: Members can be disenrolled due to office policy, if the office policy applies to all patients in the provider's practice. Disenrollments must be based on behavioral and not monetary issues.

Send request to: **IME Provider Services Unit**
P.O. Box 36450
Des Moines, IA 50315

Part A: Provider Information (Please complete the following information)

Check type of managed care that applies: ☐ MediPASS ☐ HMO

Provider Name	Provider ID/National Provider Identifier	
Street Address		
City	State	Zip Code
Provider Signature	Date	

Part B: Disenrollment Request (Please complete the information below for each person for whom disenrollment is requested)

Member Name	Medicaid Person ID (from Medicaid card)	Disenrollment Code (see right)	Disenrollment Reason Code (Attach documentation)
			A. Continuously fails appointments
			B. Abusive behavior with office staff
			C. Seeks unauthorized care from others
			D. Drug seeking behavior
			E. Non-compliance with treatment regime
			F. Doesn't serve client's age/sex
			G. Other (please describe) _____

Part C: Managed Health Care Review Committee Decision (Central office use only)

☐ Approved ☐ Denied ☐ Other _____ Member Contact Date: _____

Comments

Date Processed	Signature
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470-2169 (Rev. 5/07)

Provider Request for Member Disenrollment

- Form #470-2169
- Disenrollment reason code(s)
 - Choose option C if:
Member seeks care from other provider(s) that is not authorized and/or refuses to establish care with the assigned PM
 - Option G is rarely used
Used to give additional information to Iowa Medicaid
Not a sufficient reason on it's own

Who is not required to participate in MediPASS?

- SSI- related members (aged, blind, disabled)
- Members in foster care
- Some children with special health care needs (Title 5)
- Native Americans
- Alaskan Natives

Patient Manager Benefits

- Receive fee-for-service from Medicaid
 - Administrative Fee of \$2.00 per eligible member-per month enrolled with PM
 - Fee is paid for the month previous
- *Federally Qualified Health Centers-FQHC are exempt from payment of administrative fee.
- Quickly identify patient volume with patient lists (report) provided by Iowa Medicaid monthly

Report Provided to Patient Managers

- Monthly Patient Listing
 - Sent to each participating MediPASS Patient Manager at the beginning of each month.
 - List enrollees who are currently enrolled with the PM-indicated by a “C” next to the name
 - List enrollees who are new as of that month- indicated by a “N” next to the name
 - List enrollees who are Potential or Previous- “P”

ST
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Coming Soon!

- MediPASS patient listings on IMPA

Iowa Medicaid Portal Access



- [File](#)
- [Review](#)
- [Manage](#)
- [Information](#)
- [Messages](#)
- [Logout](#)

[Remittance Advice](#)

[View Authorization](#)

[Medipass](#)

Welcome to the Iowa Medicaid Portal Application!



[Click here for the User Registration Guide](#)

Featured Functionality

- **Attention:** Effective March 22, 2012, at 6:00 P.M., the EHR Incentive payment attestation functionality will no longer be supported on the Iowa Medicaid Portal Access (IMPA) system. A new Provider Incentive Payment Program (PIPP)

Helpful Hint:

Looking for a medicaid participating provider? Be sure to find all of the latest Provider listings [here](#).

Medicaid in the News

5 Key Practices That Lead To Successful Hospital-To-Home Transitions (Community health plans are improving patients transition from hospital to home, breaking down ...)

'Reforming Medicare In The Age Of Budget Reduction' - Internal Medicine Specialists Release Policy Paper American College of Physicians says that across health care spectrum must be ...

How to Become a MediPASS PCP

- Must be an enrolled, active Medicaid provider
- Fill out form 470-2615 (MediPASS agreement)
 1. You may select
 - The maximum number you would like
 - The age range you want to treat
 - The counties you will serve
 - Whether your MediPASS panel will be open to all “B” or Current “C”

C= Current- only add the patients your office approves/requests

B= If member meets all other requirements, they can be assigned

Fax the completed form to 515.725.1155

Meridian-HMO

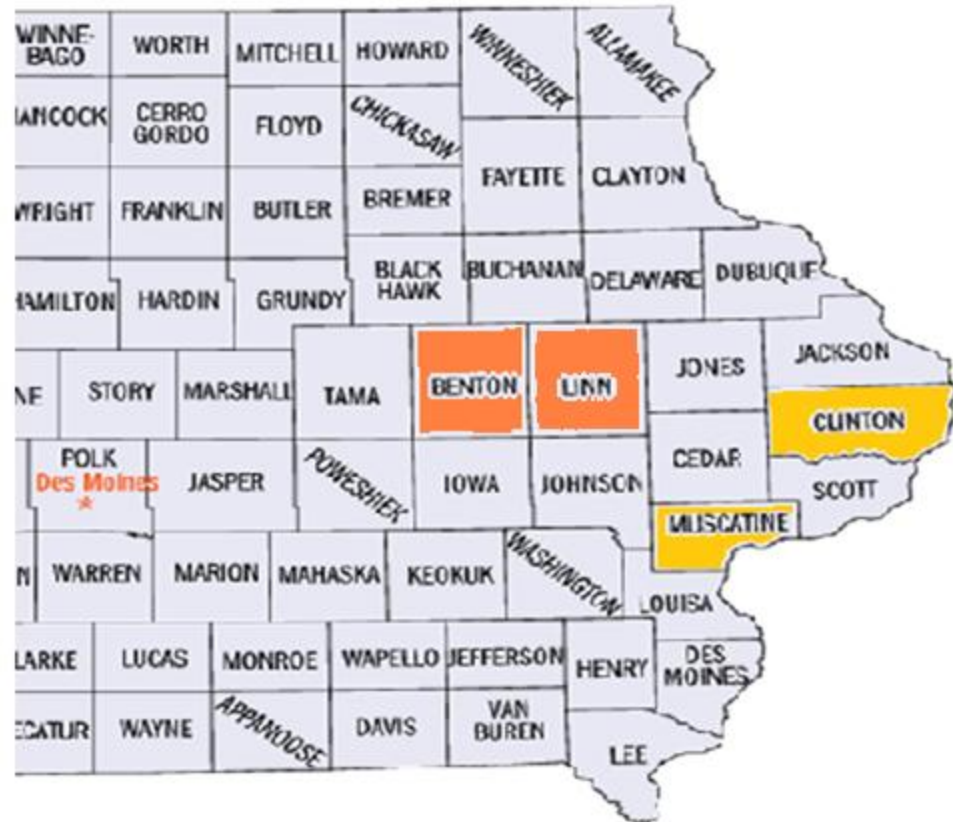
Meridian Health Plan (MHP)

Mission: To improve the quality of care in a low resource environment



MHP Service Area

- Meridian Health Plan (MHP) is a Medicaid HMO in the State of Iowa providing healthcare to eligible enrollees through a contract with the Iowa Department of Human Services.



Meridian Service Description

- Function as a care management/ preventative care organization with emphasis on disease management
- MHP provides Medicaid covered benefits to members based on Iowa Medicaid guidelines
 - Diagnostic tests
 - Home Healthcare
 - Inpatient hospital care
 - Emergency Room treatment

Meridian Health Plan Website

- www.mhplan.com

The website offers:

1. Provider Manual
2. Provider Directory
3. Bulletins
4. Forms
5. Useful Links and information
6. Live online chat services

Meridian Provider Services

Phone 1-877-204-8977

- Fee Schedule Assistance
- Discuss Recurring problems and concerns
- Contractual issues
- Provider education assistance
- Primary care administration
- Initiate physician affiliation, disaffiliation and transfer

Lock-In

Lock-In Program

Goal: Promote quality healthcare for Medicaid members by preventing harmful practices including:

- Duplication of medications
- Unintended medication interactions
- Duplication of medical services and treatments
- Medication abuse
- Non-emergent use of the emergency room

Lock-In is Designed for Members Who:

- Visit hospital emergency departments for non-emergent health concerns
- Use multiple pharmacies (Poly-Pharmacy)
- Utilize more than one physician for the same illness or injury resulting in duplicated medications and/or treatment

Lock-In Continued

Exhibit possible drug-seeking behavior by:

1. Requesting a specific scheduled medication
2. Requesting early refills of scheduled medications
3. Reporting frequent losses of scheduled medications
4. Using multiple pharmacies to fill prescriptions
5. Receiving multiple medications from multiple physician's

How Does Lock-In Work

- A member may be restricted to
 - One Primary Care Physician
 - One Pharmacy
 - One Hospital
 - One specialist-ie: dentist, psychiatrist
- A member is placed in Lock-In for a minimum of 24 months



To make a referral to Lock-In

- Call the Lock-In Review Coordinator at 1-800-338-8366 or (in Des Moines) 515-256-4606
- Complete Form 470-5063

www.ime.state.ia.us/Providers/CareManagement.html

Lock-in Referral 470-5063



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

Member Health Education Program (MHEP) and Lock-in Referral

Date _____

Member Name _____

Date of Birth: _____

State ID: _____

County of Residence _____

Notes Regarding Concerns

Name of person referring _____

Telephone: _____

Request for follow-up _____

Request can be mailed, faxed or telephoned.

Iowa Medicaid Enterprise
100 Army Post Road
Des Moines, IA 50315
Attn: Member Services, Lock-in

Fax 515-725-1351

Telephone 800-338-8366
Locally 515-256-4606

Call or write the Member Services Call Center at:

PO Box 36510, Des Moines, Iowa 50315 -- (800) 338-8366; (515) 725-1003 (local in the Des Moines area)
Please visit our website at www.ime.state.ia.us or e-mail us at IMEMemberServices@ihs.state.ia.us

Disease Management

Disease Management

- Focus is on high-risk, high-cost members with multiple chronic conditions
- This group accounts for only 5% of the Medicaid enrollment yet make up 30% of all expenditures

Program Goals:

- Early Identification and engagement

A registered nurse health coach assists members with coordination of care to:

1. Provide better health outcomes for members who are pregnant or have chronic disease conditions
2. Help prevent Ambulatory Care Sensitive Admissions(ACS)
3. Reduce non-emergent ER use and hospital readmissions within 30 days
4. Provide reinforcement of discharge plan(s)
5. Ensure rapid outpatient follow up, adherence of prescribed meds, transportation and stable housing
6. Reinforce treatment plans developed by the members healthcare provider

Anticipated Outcomes

- Decrease and prevent inpatient hospital re-admissions
- Decrease preventable hospitalizations as well as avoidable E.R. visits
- Improve maternal health and quality outcomes
- Reduce uncoordinated care and Medicaid expenditures/ costs

For Questions or Referrals:

- Please contact Member Services
1-800-338-8366



Health Home

Health Home

- What is a health home?
 1. Whole person, patient centered, coordinated care for all stages of life and transitions of care
 2. Following the 7 principles of a Patient Centered Medical Home (PCMH) with added flexibility around the location where care coordination is provided
 3. The Health Home takes responsibility to coordinate all care and works in a team environment with those in and outside of the practice walls

Who Can Enroll as a Health Home?

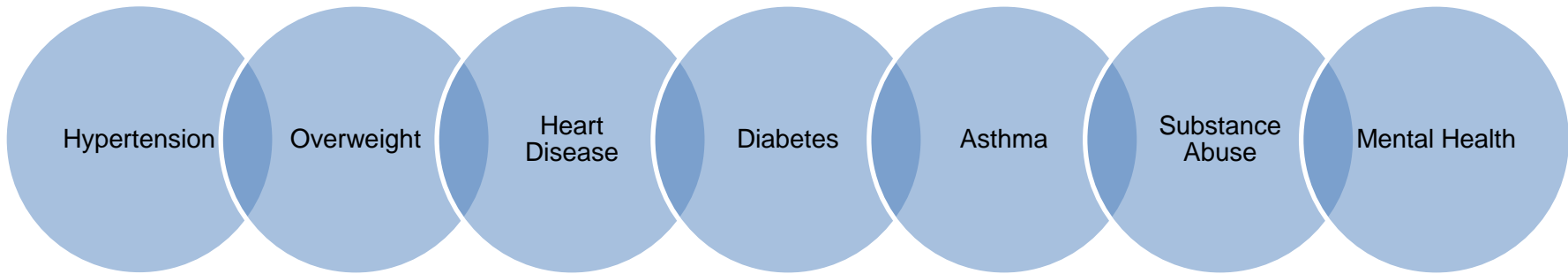
Medicaid enrolled providers who are a:

- Physician Clinic
- Community Mental Health Center
- Federally Qualified Health Center(FQHC)
- Rural Health Clinic(RHC)

Providers Enrolled in a Health Home Must:

- Adhere to the Health Home Provider Standards
- Fulfill, at a minimum, the following roles
 1. Designated Practitioner
 2. Dedicated Care Coordinator
 3. Health Coach
 4. Clinic support staff
- Seek Patient Centered Medical Home recognition within 12 months
- Use an EHR (Electronic Health Record) and registry tool for quality improvements

Qualifying Members



Adults and Children with at least two conditions or one condition and at-risk of a second.

Health Home Members

Member chooses to opt-in the program at the provider's office

- Provider identifies qualified members
- Member agrees to participate
- Provider completes Patient Tier Assessment
- Provider uses IMPA to enroll the member

Health Home Provider Payment

- Fee-for-service or encounter based
- Patient Management PMPM (per member, per month) payment
 1. Tiered payments increase (level 1 to 4) depending on the number of chronic conditions
 2. Providers submit monthly PMPM claim

Health Home Model

- Payment Methodology

Performance payment for quality

1. Using the State IHIN (Iowa Health Information Network) to collect measure data
2. Annually, starting in year 2
 - Years correlate with state fiscal year
3. Measures align with meaningful use, national quality programs and other payer initiatives

PMPM Tier Payment

Per Member Per Month

Member's Tier	PMPM Rate
Tier 1 (1-3 chronic conditions)	\$12.80
Tier 2 (4-6 chronic conditions)	\$25.60
Tier 3 (7-9 chronic conditions)	\$51.21
Tier 4 (10 or more chronic conditions)	\$76.81

Program Starts in 2012

- Providers began enrollment in April
- Providers started enrolling members in June
- PMPM payments start in July

Providers can enroll when they are ready to meet qualifications

Questions?

- Contact

Medicaid Health Home Program

Marni Bussell, Project Manager

mbussel@dhs.state.ia.us

515.256.4659

IowaCare

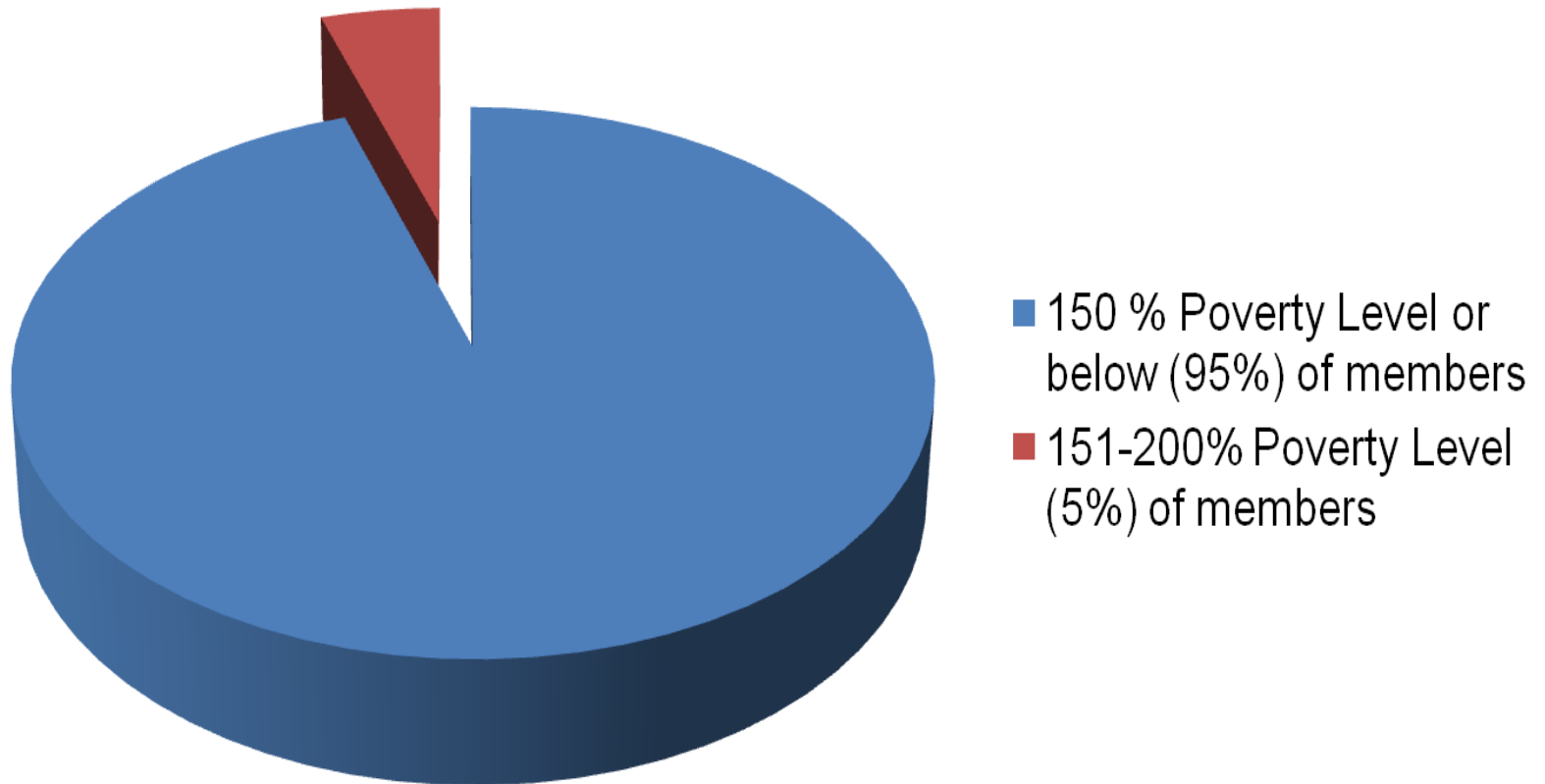
What is IowaCare?

- A healthcare program that provides limited services to people who are not otherwise eligible for Medicaid
- The purpose is to provide some health care coverage to people who otherwise have no coverage

Qualifying for IowaCare

- Adults age 19- 64
- Family income is no more than 200% of federal poverty level
- Not eligible for Medicaid
- Uninsured or their current insurance does not cover the medical condition for which they need treatment
- U.S. citizens or lawful permanent residents

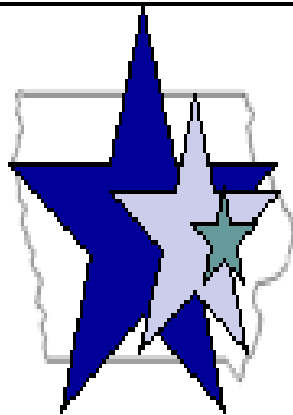
IowaCare Members



IowaCare Covers

- Inpatient and outpatient services
 - Limited prescription drugs
 - Limited dental services
 - Routine preventative medical examinations
 - Smoking cessation
- ❖ Not all of the above services are available or covered from every IowaCare provider

IowaCare Member Card



IowaCare



Member Name

Member SID

60E

Iowa Department of Human
Services
1305 E Walnut Street
Des Moines, IA 50319-0114

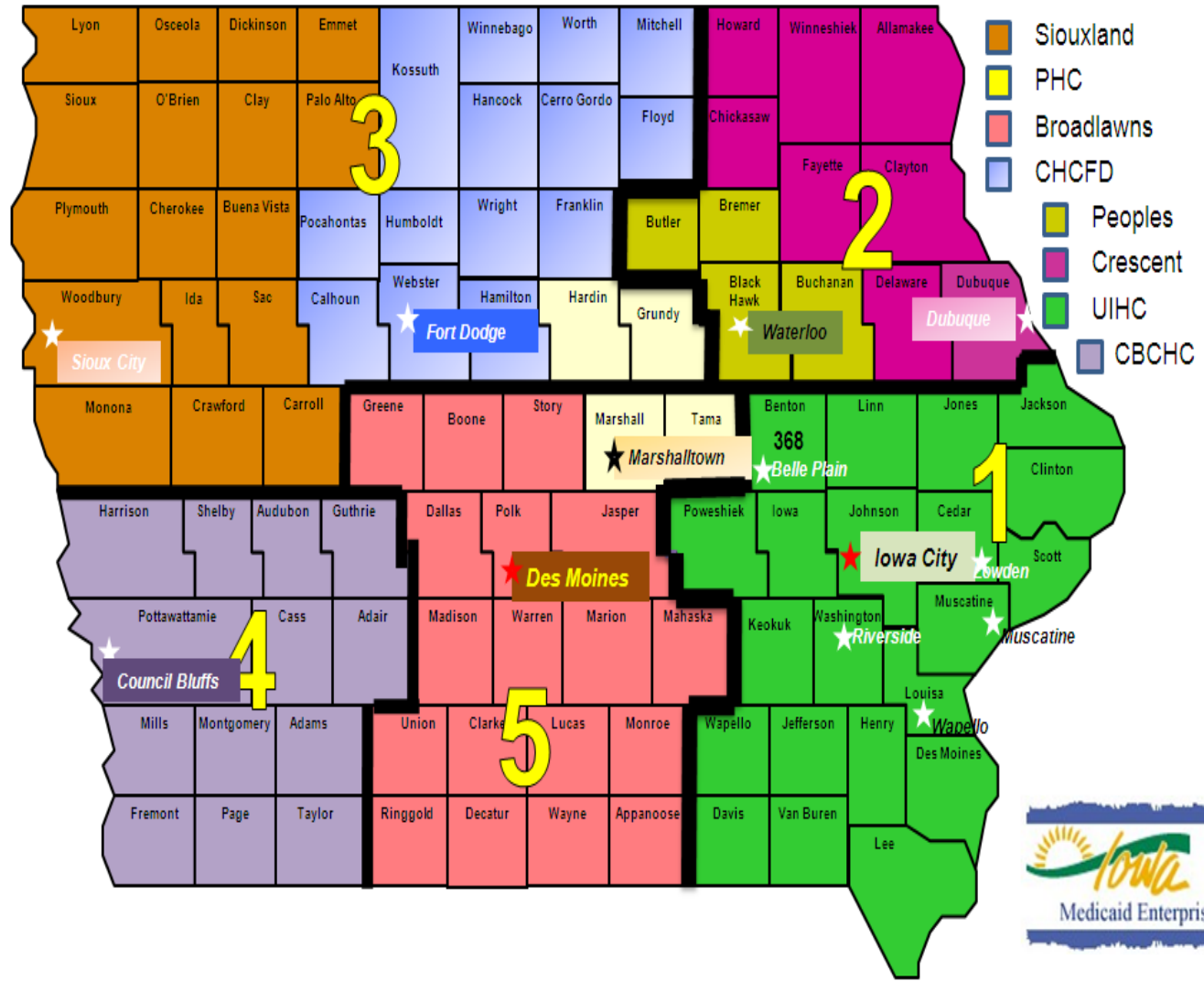
IowaCare Provider Network

- Community Health Center of Fort Dodge
- Broadlawns Medical Center, Des Moines
- Crescent Community Health Center, Dubuque
- Peoples Community Health Center, Waterloo
- Council Bluffs Community Health Center
- Primary Health Care, Marshalltown
- University of Iowa Hospitals and Clinics, Iowa City
- Siouxland Community Health Center, Sioux City

IowaCare Medical Homes

All
IowaCare
members
must be
seen at
the
medical
home for
their
county of
residence

IowaCare Medical Home Expansion: January 1, 2012



IowaCare Funding for Extra Services

- 500,000 Cap- Radiology and Labs for Medical Homes
- 1,500,000 Cap- Care Coordination

Follow up to inpatient care for University of Iowa and Broadlawns

Services covered are:

- Rehabilitation and Therapy
- DME
- Home Health
- Stays in Nursing facilities up to 30 days (therapy/rehab)

Claim Requirements

- UIHC or Broadlawns will provide upon referral
 1. Referring IowaCare provider number
 2. Patient's IowaCare number
 3. Service being requested
 4. The duration or quantity of service
 5. Signature form UIHC or Broadlawns representative authorizing the service

For more Information on IowaCare

- Visit

www.ime.state.ia.us

Select IowaCare for Providers

Electronic Health Records (EHR) and Health Information Technology (HIT)

What is EHR?

- Electronic Health Records (EHR) are
 1. Used to collect, store, exchange health information
 2. Patient history, diagnoses, medications, office visits, allergies and laboratory tests are included
- American Recovery and Reinvestment Act (ARRA) provides incentive payments to Medicaid and Medicare eligible professionals and hospitals for the meaningful use of certified EHR technology

EHR/ HIT Goals

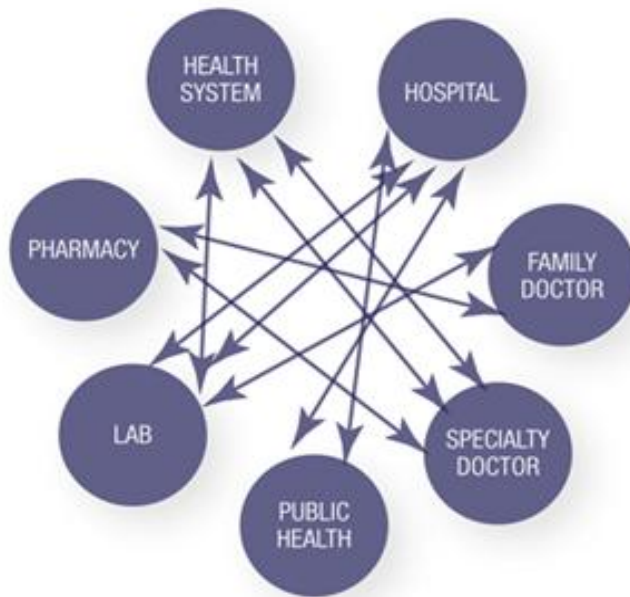
1. Reduce costs
2. Improve care
3. Advance coordination across healthcare platform

EHR Incentive Program

- Iowa Medicaid Enterprise EHR Incentive program began January 4, 2011
 - One of the first 4 states in the nation
- As of April 10, 2012 Iowa has approved payments to over 866 eligible professionals and hospitals totaling over 40 million in incentive payments
- Over 4.5 Billion paid out nationally by Medicare and 44 states that have implemented EHR

Iowa Health Information Network (IHIN)

- Allows participants to securely access patient health information



WITHOUT A STATEWIDE HIE

EACH HEALTH CARE PROVIDER MUST BUILD POINT-TO-POINT CONNECTIONS.



WITH A STATEWIDE HIE

EACH HEALTH CARE PROVIDER IS CONNECTED.

Eligible Professionals (EPs)

- Physicians
- Dentists
- Nurse practitioners
- Certified Nurse Midwives
- Physician Assistants-practicing predominately in a Federally Qualified Health Center (FQHC) or a Rural Health Clinic (RHC) that is “so led” by a Physician Assistant

Eligible Professionals and Patient Volume

- ELIGIBLE PROFESSIONALS MUST MEET THE FOLLOWING PATIENT VOLUME REQUIREMENTS

Entity	Minimum Medicaid patient volume threshold	Or the Medicaid EP practices predominately in an FQHC or RHC – 30% needy individual patient volume threshold
Physicians	30%	
Pediatricians	20%	
Dentists	30%	
CNMs	30%	
Pas when practicing at an FQHC/RHC that is so led by a PA	30%	
NPs	30%	
Acute care hospitals	10%	N/A
Children's hospitals	No requirement	

Additional Patient Criteria for Eligible Professionals

- Any patient with Medicaid primary or secondary
 - Encounter must have a paid claim at 1¢ or more
- MediPASS patient listings (seen during previous 12 months, excluding 90 day period)
 - Not applicable to all providers
 - May use to reach patient volume, not a requirement

Eligible Professionals Continued

- Any provider qualifies who practices predominately in an RHC or FQHC where at least 30% of their encounters are needy individuals such as:
 1. Hawk-i members
 2. Members who receive uncompensated care or sliding scale based on the individual's ability to pay
- EP's can receive \$63,750 over 6 years for:
 1. Adopting, implementing or upgrading (year one only)
And
 2. Demonstrating meaningful use of certified EHR

Encounter Criteria

- Patient volume is calculated on the number of encounters

Total Medicaid patient encounters in a 90-day period (previous calendar year)

÷

Total patient encounters in that same 90-day period

Eligible Hospitals

- Acute Care Hospitals
 - Must have at least 10% Medicaid patient volume (calculated using emergency department visits and inpatient discharges)
- Critical Access
 - Must have CMS Certification Number (CCN) with last 4 digits of 0001-0879 or 1300-1399
 - Average length of stay of 25 days or fewer

Eligible Hospitals (EH) Payments

- Payments are based on
 1. Cost Report Data
 2. Medicaid Bed Days
- The Average payment to an EH so far has been \$1,035,952 over a three-year period

Encounter Criteria

- Patient volume is calculated on the number of encounters

Total Medicaid patient encounters (ED visits + discharges) in a 90-day period (previous hospital fiscal year)

÷

Total patient encounters in that same 90-day period

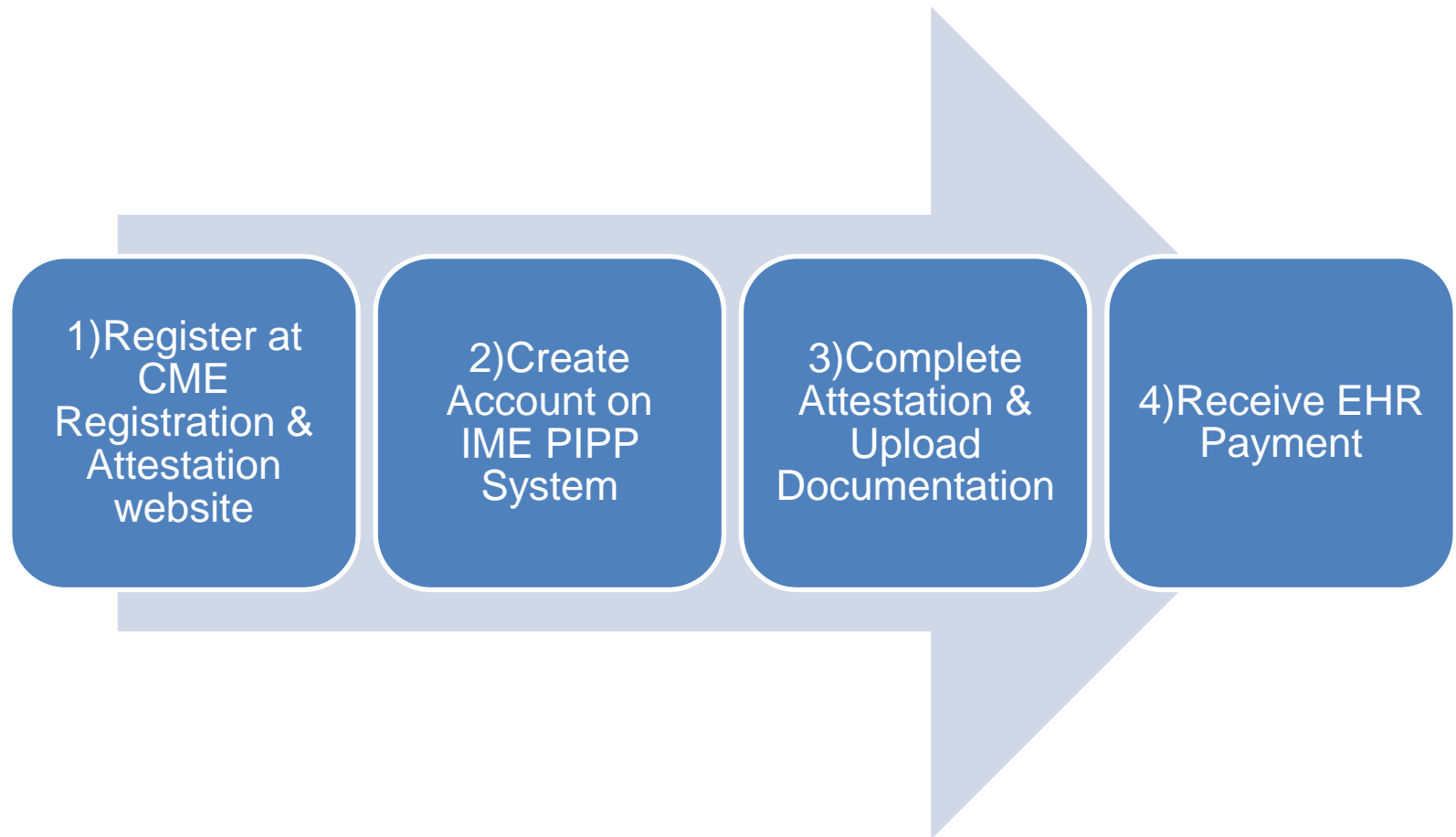
CMS Needs from Eligible Hospitals

- In the first payment year
 1. Name of the Hospital
 2. National Provider Identifier
 3. Business address and phone
 4. CMS Certification Number (CCN)
 5. Taxpayer Identification Number



Eligible Professionals/ Eligible Hospitals

Getting started



For more Information

- Visit

www.ime.state.ia.us/Providers/EHRIncentives.html

- Email

imeincentives@dhs.state.ia.us

- Call

Kelly Peiper,
Medicaid HIT Provider Incentive Coordinator
515-974-3071

PACE

**Program of All-Inclusive Care for
the Elderly**

What is PACE

Program of All-Inclusive Care for the Elderly

- Designed to help elderly stay healthy
- Provides coordinated care for such things as:
 1. Specialty Care
 2. Nursing Facility Care
 3. Hospitalization
 4. Hospice
 5. Emergency

PACE Providers are available 24 hours a day, 7 days per week

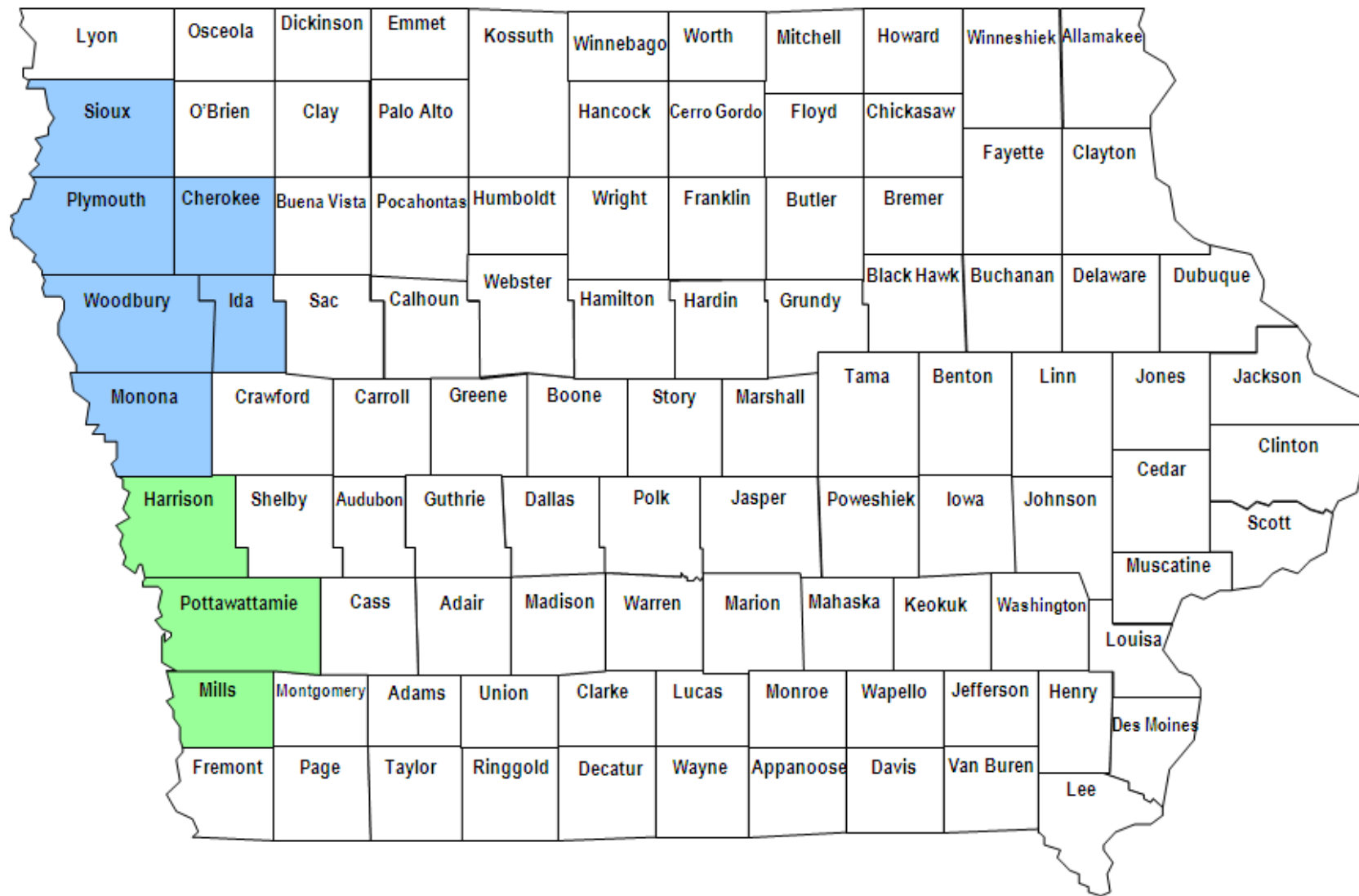
PACE Centers

PACE PROGRAMS IN IOWA	
SIouxLAND PACE	IMMANUEL PATHWAYS
PACE Center Address: 313 Cook Street Sioux City, IA 51103	PACE Center Address: 1702 N. 16 th . Street Council Bluffs, IA 51501
Telephone: 712-224-7233 1-888-722-3713	Telephone: 712-256-4567
Email:	Email:
Web Address: www.siouxlandpace.org	Web Address: www.immanuelpathways.org
Counties in PACE service area Cherokee Ida Monona Plymouth Sioux Woodbury	Counties in PACE service area Harrison Mills Pottawattamie

PACE Center

- Has a number of supports such as:
 1. Medical Clinic
 2. Physical therapy
 3. Occupational therapy
 4. Personal care
 5. Nutritional counseling
 6. Recreational therapy
 7. Meals
- ❖ Transportation is provided by the PACE provider for medical care and other supports

PACE



PACE Expansion

Coming Fall 2012

Additional counties to be added are:

- Boone
- Dallas
- Jasper
- Madison
- Marion
- Marshall
- Polk
- Story
- Warren

For more Information

- Visit

www.ime.state.ia.us/PACE/#search

- Email

imeproviderservices@dhs.state.ia.us

Provider Services Outreach Staff

Outreach staff provides the following services:

- On-site training
- Escalated Claim issues

Send an email to:

imeproviderservices@dhs.state.ia.us

You have now completed Iowa
Medicaid Managed Care Programs

Feel free to ask questions at this time.